

1 Day  
12/18/02

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DM</i>	<i>927</i>	<i>12-18-02</i>
FORMALITY REVIEW	<i>DM</i>	<i>625</i>	<i>12-18-02</i>
RESPONSE FORMALITY REVIEW	<i>M-H</i>	<i>625</i>	<i>12-18-02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	3/25/02
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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